

Instructions

Prenatal and Infant Care Communications Cover Letters A and B

M020 (11/01/15) Prenatal Communication Notification of MIHP Enrollment Cover Letter A
M023 (11/01/15) Prenatal Communication Notification of Change in Risk Factors Cover Letter B
I009 (11/01/15) Infant Care Communication Notification of MIHP Enrolment Cover Letter A
I012 (11/01/15) Infant Care Communication Notification of Change in Risk Factors Cover Letter B

These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at marciniakd1@michigan.gov or 517 324-8314.

- Date: Insert the date that the *Communication Form* was faxed to the medical care provider. This date should be within 14 days of the date that:
 1. The *Risk Identifier* data was entered into the MIHP database.
 2. A new risk domain was added to the *POC* 2.
 3. Emergency interventions were implemented.
- Dear: Insert the name of the beneficiary's medical care provider.
- Re: Insert the name of the beneficiary. If the beneficiary is an infant, insert the infant's name; do not insert the name of the caregiver.
- Sincerely: The professional or administrative staff is encouraged to sign here, although signature is optional. If the professional staff signs, credentials are not required.
- MIHP staff: The professional or administrative staff is encouraged to print name here, although this field is optional.
- Agency: Insert MIHP agency name. This is a required field.
- Telephone: Insert agency telephone number. This is a required field.
- Fax: Insert agency fax number. This is a required field.